

Section 5 – TOPICAL MODULES	
Part A – RECIPIENCY HISTORY	
CHECK ITEM T1	Refer to cc item 24. Is . . . 18 years of age or older?
8052	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T12, page 55
STATEMENT C → Now I have some questions regarding past participation in Government programs.	
CHECK ITEM T2	Refer to the ISS. Is "Food Stamps" (code 27) marked?
8054	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1b
1a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?	8056 1 <input type="checkbox"/> Yes – SKIP to 1d 2 <input type="checkbox"/> No – SKIP to Check Item T3
b. Has . . . ever applied for the Federal Government's Food Stamp Program?	8058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T3
c. Has . . . ever been authorized to receive food stamps?	8060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T3
d. When did . . . first start receiving food stamps?	8062 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK 8064 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK
e. For how long did . . . receive food stamps that time?	8066 <input type="text"/> <input type="text"/> Months 8068 OR 8070 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK
f. How many times in all have there been when . . . received food stamps?	8072 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
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## Section 5 – TOPICAL MODULES (Continued)

### Part A – RECIPIENCY HISTORY (Continued)

<b>CHECK ITEM T3</b>	Refer to cc item 27.  Is . . . a designated parent or guardian of children under 18 years old who live in this household?	<b>8074</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
<b>CHECK ITEM T4</b>	Refer to the ISS.  Is "AFDC" (code 20) marked?	<b>8076</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
<b>2a. Besides this period of time, have there been any other times when . . . received AFDC (ADC)?</b>		<b>8078</b>	1 <input type="checkbox"/> Yes – SKIP to 2d 2 <input type="checkbox"/> No – SKIP to Check Item T5
<b>b. Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?</b>		<b>8080</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
<b>c. Has . . . ever received AFDC (ADC) benefits?</b>		<b>8082</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
<b>d. When did . . . first start receiving AFDC (ADC) benefits?</b>		<b>8084</b> <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> DK <b>8086</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year    x1 <input type="checkbox"/> DK	
<b>e. For how long did . . . receive AFDC (ADC) that time?</b>		<b>8088</b> <input type="text"/> <input type="text"/> Months <b>8090</b> OR <b>8092</b> <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK	
<b>f. How many times in all have there been when . . . received AFDC (ADC)?</b>		<b>8094</b> <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	
<b>CHECK ITEM T5</b>	Refer to the ISS.  Is "SSI" (codes 3 or 4) marked?	<b>8096</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
<b>3a. Besides this period of time, have there been any other times when . . . received SSI benefits?</b>		<b>8098</b>	1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to Check Item T6
<b>b. Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?</b>		<b>8100</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6
<b>c. Has . . . ever received SSI benefits?</b>		<b>8102</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6
<b>d. When did . . . first start receiving SSI?</b>		<b>8104</b> <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> DK <b>8106</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year    x1 <input type="checkbox"/> DK	
<b>e. For how long did . . . receive SSI that time?</b>		<b>8108</b> <input type="text"/> <input type="text"/> Months OR <b>8110</b> <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK	
<b>CHECK ITEM T6</b>	Refer to the ISS.  Is "Medicaid" (code 173) marked?	<b>8114</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
<b>CHECK ITEM T7</b>	Refer to the ISS.  Is "SSI" or "AFDC" (codes 3, 4, or 20) marked?	<b>8116</b>	1 <input type="checkbox"/> Yes – SKIP to Check Item T8 2 <input type="checkbox"/> No

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TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)	
Part A – RECIPIENCY HISTORY (Continued)	
<b>4. Earlier we recorded that . . . was covered by</b> <i>(Use local name for Medicaid).</i> <b>When did . . . 's period of Medicaid coverage first begin?</b>	<div>8118 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</div> <div>8120 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</div> <div>8122 x3 <input type="checkbox"/> Never covered by Medicaid</div>
<b>CHECK ITEM T8</b> Refer to item 24a, page 8. Was . . . covered by a health insurance plan? (Is item 24a, page 8 marked "Yes"?)	<div>8124 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to item 6</div>
<b>5. We have recorded that . . . was covered by a private health insurance plan during the 4-month period. For how long was . . . covered by health insurance without interruption?</b>	<div>8126 <input type="text"/> <input type="text"/> Months</div> <div>OR</div> <div>8128 <input type="text"/> <input type="text"/> Years</div> <div>8130 x3 <input type="checkbox"/> Have always had insurance</div> <div>x1 <input type="checkbox"/> DK</div> <div>SKIP to Check Item T9</div>
<b>6. We have recorded that . . . was not covered by a private health insurance plan during the 4-month period. When was the last time . . . was covered by private health insurance?</b>	<div>8132 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</div> <div>8134 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</div> <div>8136 x3 <input type="checkbox"/> Has never been covered</div>
<b>CHECK ITEM T9</b> Refer to cc item 19b. Is . . . the reference person?	<div>8138 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item T12</div>
<b>CHECK ITEM T10</b> Refer to cc items 16a and 16b. Is this housing unit public or subsidized?	<div>8140 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item T11</div>
<b>7. For how long has . . . been living in public or subsidized housing?</b>	<div>8142 <input type="text"/> <input type="text"/> Months</div> <div>OR</div> <div>8144 <input type="text"/> <input type="text"/> Years</div> <div>8146 x3 <input type="checkbox"/> Have always lived in public housing</div> <div>x1 <input type="checkbox"/> DK</div> <div>SKIP to Check Item T12</div>
<b>CHECK ITEM T11</b> Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20–27, or code 173?	<div>8148 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item T12</div>
<b>8. Is . . . on a waiting list for public or subsidized housing?</b>	<div>8150 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
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## Section 5 – TOPICAL MODULES (Continued)

### Part B – EMPLOYMENT HISTORY

**CHECK  
ITEM T12**

Refer to cc item 24.

Is . . . 18 to 64 years old?

8200

1 ☐ Yes

2 ☐ No – SKIP to Check Item C1, page 59

**STATEMENT D**

Now I would like to ask some questions about some of the jobs . . . has held.

**CHECK  
ITEM T13**

Is "Worked" (code 170) marked on the ISS?

8210

1 ☐ Yes

2 ☐ No – SKIP to 4a

ASK OR VERIFY –

**1. What was the name of . . . 's MAIN employer or business during the past 4 months?**

PGM 8

Name of employer or business

8212

**CHECK  
ITEM T14**

Refer to Check Item E3, page 14, Check Item E6, page 16, Check Item S1, page 18, or Check Item S7, page 20.

What is the ID number of this employer or business?

PGM 7

8214

☐ Employer number  
OR

8216

☐ Business number

**2. When did . . . start working for (Read name of employer or business)?**

(If worked for more than one period of time, ask about most recent period.)

8218

Month

X1 ☐ DK

8220

Year

X1 ☐ DK

**CHECK  
ITEM T15**

Refer to Check Item T14 above.

Is an "Employer number" entered?

8222

1 ☐ Yes

2 ☐ No – SKIP to 5a

**3a. About how many persons were employed by . . . 's employer at the location where . . . works (worked)?**

8224

1 ☐ Under 25

2 ☐ 25 to 99

3 ☐ 100 to 499

4 ☐ 500 to 999

5 ☐ 1,000 or more

X1 ☐ DK

} SKIP to 3d

**b. Did . . . 's employer operate in more than one location?**

8226

1 ☐ Yes

2 ☐ No

X1 ☐ DK

} SKIP to 3d

**c. About how many persons were employed by . . . 's employer at ALL LOCATIONS?**

8228

1 ☐ Under 25

2 ☐ 25 to 99

3 ☐ 100 to 499

4 ☐ 500 to 999

5 ☐ 1,000 or more

X1 ☐ DK

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## Section 5 – TOPICAL MODULES (Continued)

### Part B – EMPLOYMENT HISTORY (Continued)

**3d. For how many years has . . . done the kind of work that . . . does on this job?**

8234	<input type="text"/> <input type="text"/>	Months	} SKIP to 5a
OR			
8236	<input type="text"/> <input type="text"/>	Years	
8238	x1 <input type="checkbox"/> DK		

**4a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?**

8240	<input type="text"/> <input type="text"/>	Month	x1 <input type="checkbox"/> DK	} SKIP to Check Item T16
8242	1 9 <input type="text"/> <input type="text"/>	Year	x1 <input type="checkbox"/> DK	
8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more		} ASK 4b	

**b. What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business?**

Mark (X) only one.

8246	1 <input type="checkbox"/> Taking care of home or family	} SKIP to Check Item C1, page 59
	2 <input type="checkbox"/> Ill or disabled	
	3 <input type="checkbox"/> Going to school	
	4 <input type="checkbox"/> Couldn't find work	
	5 <input type="checkbox"/> Didn't want to work	
	7 <input type="checkbox"/> Other – Specify _____	
	x1 <input type="checkbox"/> DK	

**5a. Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?**

8248	<input type="text"/> <input type="text"/>	Month	x1 <input type="checkbox"/> DK
8250	1 9 <input type="text"/> <input type="text"/>	Year	x1 <input type="checkbox"/> DK
8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18		

#### CHECK ITEM T16

Refer to item 4a or 5a above.  
Is the year 1981 or later?

8254	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No – SKIP to Check Item T18

**5b. What was the name of . . . 's employer or business at that time?**

PGM 8 Name of employer or business

8256

**c. What kind of company, business, or industry was (Name of employer or business)?**

PGM 8

8258

**d. Was that business or industry mainly – (Read categories)**

PGM 8

8260

- 1 ☐ **Manufacturing?**  
 2 ☐ **Wholesale Trade?**  
 3 ☐ **Retail Trade?**  
 4 ☐ **Some other kind of business?**

**e. What kind of work was . . . doing on that job?**

PGM 8

8262

**f. What were . . . 's most important activities or duties?**

PGM 8

8264

**g. Did . . . work for an employer on that job or was . . . self-employed?**

PGM 7

8266

- 1 ☐ Worked for an employer  
 2 ☐ Self-employed

**h. When did . . . START working for (Name of employer or business)?**

8268	<input type="text"/> <input type="text"/>	Month	x1 <input type="checkbox"/> DK
8270	1 9 <input type="text"/> <input type="text"/>	Year	x1 <input type="checkbox"/> DK

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## Section 5 - TOPICAL MODULES (Continued)

### Part B - EMPLOYMENT HISTORY (Continued)

<b>5i. What was the main reason . . . stopped working for (Name of employer or business)?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8272</div> <div> <input type="checkbox"/> 1 Layoff, plant closed  <input type="checkbox"/> 2 Discharged  <input type="checkbox"/> 3 Job was temporary and ended  <input type="checkbox"/> 4 Found a better job  <input type="checkbox"/> 5 Retirement/old age  <input type="checkbox"/> 6 Did not like working conditions  <input type="checkbox"/> 7 Dissatisfied with earnings  <input type="checkbox"/> 8 Did not like location  <input type="checkbox"/> 9 Going to school  <input type="checkbox"/> 10 Became pregnant/had child  <input type="checkbox"/> 11 Health reasons  <input type="checkbox"/> 12 Other family or personal reasons  <input type="checkbox"/> 13 Other - Specify <u>      </u> </div> </div>
<b>6a. In what year did . . . first work 6 straight months or longer at some job or business?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8274</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> X3 Never worked 6 straight months at a job or business - SKIP to Check Item C1, page 59  <input type="checkbox"/> X1 DK - SKIP to Check Item T18                 </div> </div> </div>
<b>b. Since (Year in 6a) has . . . always worked at least 6 months during the year?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8276</div> <div> <input type="checkbox"/> 1 Yes - SKIP to Check Item C1, page 59  <input type="checkbox"/> 2 No  <input type="checkbox"/> X1 DK - SKIP to Check Item C1, page 59                 </div> </div>
<b>c. How many years were there when . . . worked at least 6 months during the year?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8278</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="margin-left: 5px;">Years</div> <div style="margin-top: 5px;"> <input type="checkbox"/> X1 DK                 </div> </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T17</div> <div style="margin-top: 5px;"> <i>Refer to item 6a.</i>                      Is the year in item 6a 1981 or later?                 </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8280</div> <div> <input type="checkbox"/> 1 Yes - SKIP to 7a  <input type="checkbox"/> 2 No                 </div> </div>
<b>6d. Since the beginning of 1981 how many years have there been when . . . worked at least 6 months during the year?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8282</div> <div> <input type="checkbox"/> X5 All years                      OR  <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="margin-left: 5px;">Years</div> <div style="margin-top: 5px;"> <input type="checkbox"/> OR  <input type="checkbox"/> X1 DK                 </div> </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T18</div> <div style="margin-top: 5px;"> <i>Refer to item 6a above, or item 2.</i>                      Is there a year entered in item 6a or in item 2?                 </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8284</div> <div> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No - SKIP to Check Item C1, page 59                 </div> </div>
<b>7a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since (Year in item 6a or 2), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business? (If dates in both 6a and 2, use earliest date.)</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8286</div> <div> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No - SKIP to Check Item C1, page 59                 </div> </div>
<b>b. About how many times has . . . gone 6 months or longer without working at a paid job or business?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8288</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="margin-left: 5px;">Times</div> <div style="margin-top: 5px;"> <input type="checkbox"/> X1 DK                 </div> </div> </div>
<b>c. When was the last time that . . . went 6 months or longer without working at a paid job or business?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8290</div> <div> <div style="text-align: center;">FROM</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> X1 DK                 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">8292</div> <div> <div style="text-align: center;">TO</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> X1 DK                 </div> </div> </div> </div>
<b>d. What was the main reason . . . did not work at a paid job or business during that time?</b> <i>Mark (X) only one.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8294</div> <div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> 1 Took care of family or home  <input type="checkbox"/> 2 Own illness or disability  <input type="checkbox"/> 3 Could not find work  <input type="checkbox"/> 4 Going to school  <input type="checkbox"/> 5 Became pregnant/had child  <input type="checkbox"/> 6 Other - Specify <u>      </u> </div> <div style="margin-left: 20px; font-size: 2em;">}</div> <div style="margin-left: 10px; text-align: center;">                     Go To Check Item C1, page 59                 </div> </div> </div>